

Description of Lifeline Terms and Conditions

Section 15.3 of Cass Telephone Company's ILL. C. C. No. 10 local service tariff outlines the eligibility requirements and the type and amount of support for their implementation of the Lifeline program.

Section 4.1 of that tariff describes the residential local exchange service to which the Lifeline support is applicable. This service includes unlimited local calling minutes.

Cass Telephone Company offers equal access toll calling for all Lifeline customers through available interexchange carriers (IXCs). The rates, terms and conditions of the toll offerings are made by the IXCs.

Cass Telephone Company's application for Lifeline support is attached.



Telephone Company

100 REDBUD RD. P.O. BOX 230 VIRGINIA, ILLINOIS 62691-0230
217-452-3022 www.casscomm.com 800-508-5405

Full Name	_____	Date of Birth	_____
Full Address	_____	Billing Address	_____
	Street and Apartment Number		Street and Apartment Number
	_____		_____
	City		City
	_____		_____
	Zip Code and County		Zip Code and County
Address is	_____ Permanent	Social Security #	_____
	_____ Temporary	Public Aid Case #	_____

Are you, your dependents, or your household a participant as of this date of application
in one of the programs listed below?

_____ Yes

_____ No

If so, in which program(s) do you currently participate?

- _____ Food Stamps
 _____ Medicaid
 _____ Supplemental Security Income
 _____ Federal Housing Assistance Program
 _____ Low-Income Home Energy Assistance Program (LIHEAP)

For which benefits do you wish to apply?

- _____ LinkUp Connect Fee Assistance (waiver of up to 50% of the initial telephone Connection fee)
 _____ Lifeline Local Exchange Service Assistance (Assistance) with monthly telephone bills
 _____ UTSAP Assistance (Supplemental Initial Telephone Connection Fee Assistance)

Under penalty of perjury, I confirm that I meet program-based criteria for receiving Lifeline. I will notify my provider within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including receiving more than one Lifeline benefit, or another member of my household receiving a Lifeline benefit. If I move to a new address, I will provide that address to the ETC within 30 days. I understand that a household will receive only one Lifeline service and, to the best of my knowledge my household is not already receiving a Lifeline service. The information contained in this certification is true and correct to the best of my knowledge. I understand that providing false or fraudulent information to receive Lifeline benefits is punishable by law and that I may be required to re-certify my continued eligibility for Lifeline at any time. Any failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline benefits.

SIGNED _____

TELEPHONE # _____

EXHIBIT A

**ELIGIBLE TELECOMMUNICATIONS CARRIERS
LIFELINE PROGRAMS
CONSENT FORM**

NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

By my signature below, I further give my telecommunication carrier permission to verify with the Illinois Department of Human Services whether or not I am entitled to public assistance benefits as of the date of this application and from time to time thereafter.

Signed Name

Date



<010>	Study Area Code	
<015>	Study Area Name	340984
<020>	Program Year	CASS TEL CO
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	JENNIFER BEU
<039>	Contact Email Address - Email Address of person identified in data line <030>	2174527800 ext.
		jdrubcass@com.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment (47 CFR § 54.313(b)(1)ii)

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

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- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

<010> Study Area Code	340984
<015> Study Area Name	CASH TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	JENNIFER BRUA
<035> Contact Telephone Number - Number of person identified in data line <030>	2174527800 EXT.
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrua@cashco.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.313(f)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

340984113010.pdf

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

340984113010.pdf

Name of Attached Document Listing Required Information
(Yes/No)
(Yes/No)

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

(3018) If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3020 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report, in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

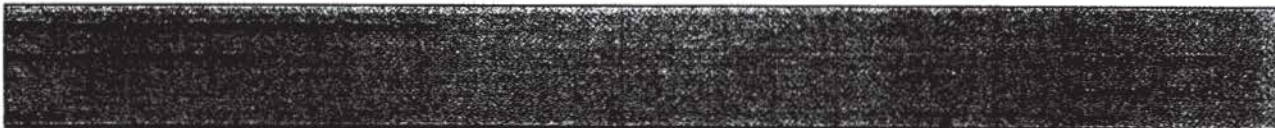
340984113026.pdf

Name of Attached Document Listing Required Information

Cass Telephone Company

Rate-of-Return Carrier Broadband Service Certification

The Company certifies it has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream/2 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.



<010> Study Area Code 340984
 <015> Study Area Name Cass Telephone Company
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Jennifer Brue
 <035> Contact Telephone Number - Number of person identified in data line <030> 217-452-7800
 <039> Contact Email Address - Email Address of person identified in data line <030> jbrue@casscomm.com

Filed as reviewed single company
 Filed as reviewed consolidated company
 Filed as subsidiary of reviewed consolidated company

Filed as audited single company
 Filed as audited consolidated company
 Filed as subsidiary of audited consolidated company

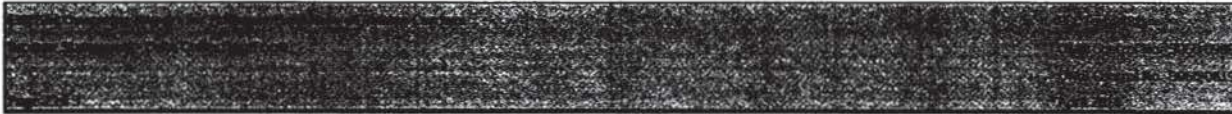
CERTIFICATION
 We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.
 Signature *Chomera W. Little* Date *6-26-2015*

PART A. BALANCE SHEET					
ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 thru 9)			39. Funded Debt-Other		
NONCURRENT ASSETS			40. Funded Debt-Rural Develop. Loan		
11. Investment in Affiliated Companies			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Recquired Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
12. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development			46. Total Long-Term Debt (36 thru 45)		
13. Nonregulated Investments			OTHER LIAB. & DEF. CREDITS		
14. Other Noncurrent Assets			47. Other Long-Term Liabilities		
15. Deferred Charges			48. Other Deferred Credits		
16. Jurisdictional Differences			49. Other Jurisdictional Differences		
17. Total Noncurrent Assets (11 thru 16)			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
PLANT, PROPERTY, AND EQUIPMENT			EQUITY		
18. Telecom, Plant-in-Service			51. Cap. Stock Outstanding & Subscribed		
19. Property Held for Future Use			52. Additional Paid-in-Capital		
20. Plant Under Construction			53. Treasury Stock		
21. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
22. Less Accumulated Depreciation			55. Other Capital		
23. Net Plant (18 thru 21 less 22)			56. Patronage Capital Credits		
			57. Retained Earnings or Margins		
			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		



<010> Study Area Code	340984
<015> Study Area Name	Cass Telephone Company
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035> Contact Telephone Number - Number of person identified in data line <030>	217-452-7800
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		



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5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
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25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
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29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		



<010> Study Area Code	340984
<015> Study Area Name	CASS TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035> Contact Telephone Number - Number of person identified in data line <030>	214527800 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



<010> Study Area Code	340984
<015> Study Area Name	CASS TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035> Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: CASS TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/26/2015
Printed name of Authorized Officer: Mike Reynolds	
Title or position of Authorized Officer: Vice President	
Telephone number of Authorized Officer: 2174527800 ext.	
Study Area Code of Reporting Carrier: 340984	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010> Study Area Code	340984
<015> Study Area Name	CASS TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Brue
<035> Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

<010> Study Area Code	340984
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<015>	Study Area Name	CASS TEL CO
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<020>	Program Year	2016
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<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
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<035>	Contact Telephone Number - Number of person identified in data line <030>	2174527800 ext.
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<039> Contact Email Address - Email Address of person identified in data line <030> jbrue@casscomm.com

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

<703>

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<015> Study Area Name	CASS TEL CO
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<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Brue
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrue@casscomm.com
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